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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 3-29-05

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Carol B. Signer of Signer

I hereby certify that this correspondence is being

Re:

Invention:

REINFORCED SHUTTER

Inventors:

MILLER, James V.

Serial No.:

10/690,136

Conf. No.:

3634

Filed:

October 21, 2003

Art Unit:

3634

Examiner:

Purol, David M

Our Docket No.:

P00991-US-00 (25490.0028)

SUBMISSION OF STATEMENT OF OWNERSHIP AND REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY

Dear Sir/Madam:

Please find enclosed a "Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address" form executed by the inventor. As indicated in the Revocation of Power of Attorney, the inventor wishes to appoint the petitioners associated with Customer Number 22446 and have all correspondence regarding this patent application directed to Anthony Nimmo. The assignee requests that the enclosed Statement of Ownership and Revocation of Power of Attorney be accepted.

If you have any questions regarding this correspondence, please feel free to contact the undersigned.

Respectfully submitted,

ICE MILLER

Jill T. Powlick, Attorney No. 42,088 One American Square, Box 82001 Indianapolis, Indiana 46282-0200 Telephone: (317) 236-2100

Date: March 29, 2005

Enclosures:

Revocation of Power of Attorney with New Power of Attorney

and Change of Correspondence Address

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PTC/SB/82 (09-03)
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REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND

CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/690,136	
Filing Date	October 21, 2003	
First Named Inventor	MILLER, James V	
Art Unit	3634	
Examiner Name	Furol, David M	
Attorney Docket Number	P00991-US-00	

I hereby revoke all prev	ious powers of attorney given i	n the abov	e-identified ap	plication.			
A Power of Attorne)	is submitted herewith.		-				
OR							
I hereby appoint the	practitioners associated with the	Customer	Number:	22446			
Please change the co	orrespondence address for the ab	ove-identif	ied application t	o:			
The address as Customer Numb	sociated with per:						
OR							
Firm or Individual Name	Anthony Nimmo of ICE MILLER	· · · · · · · · · · · · · · · · · · ·					
Address	One American Square						
Address	Box 92001		······································				
City	Indianapolis	State	Indiana	Zip 462824	2000		
Country	USA			1 402023	3200		
Telephone	317-238-5972	Fax	317-592-4610				
I am the: Applicant/Inventor. Assignee of record	of the entire interest. See 37 CFR	3 71	- 				
Statement under 37	CFR 3.73(b) is enclosed. (Form F	PTO/SB/96					
Name James V Miller	SIGNATURE of Applicant or	Assignee	of Record				
James V. Miller Signature	10-1						
Date / 3/15/4	- Julia	Telephon					
NOTE: Signatures of all the inventors of	r easignees of record of the entire interest or the	i cichi (01)	(630) 529-71	11	_		
	are submitted.	- ishioseiiatvi	ate) are required. Subn	nit multiple forms if mo	re than one		
his collection of information to see esse	In 27 Oct 14						

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form airdior suggestions for reducing this burdon, should be sunt to the Chief Information Officer, U.S. Patent and ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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